

MANSFIELD MIDDLE SCHOOL GERMAN EXCHANGE PROGRAM

Brief Medical History

Student's name _____ DOB: _____

We do not require students to have a medical examination, but a medical check up before leaving is an excellent idea. In the course of the examination, the doctor may wish to make special notes on the form below. If medical assistance is required while we are abroad, the information on this form will be most helpful if it is complete, accurate, and candid.

Height _____ Weight _____

Student Health History	Check Yes/No	Details/Comments
Asthma/Breathing Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Diet/Dietary Restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emotional/Mental Health Diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Frequent Headaches/Migraines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vision or Hearing Deficit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Surgical History	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Restrictions/Limitations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Orthopedic Injuries/Fractures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Concussion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Difficulty Sleeping	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Motion Sickness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medications (List all daily and as needed medications)	<input type="checkbox"/> My child <u>will</u> need medication during the German Exchange ** <input type="checkbox"/> My child <u>will not</u> need medication during the German Exchange	

**Medication Authorization Form Required

ATTACH A COPY OF YOUR CHILD'S IMMUNIZATIONS

The undersigned parent or guardian of _____ authorizes the
(Name of student)

Mansfield Middle School German Exchange Program or its representative to obtain medical care for him/her in the event such care is necessary. It is understood that, if possible, we will be contacted in a medical emergency. I/We grant permission to any licensed physician or accredited hospital and their associates to perform any medical or surgical procedures that are deemed essential to the emergency treatment of the above-named individual.

Signature of Parent/Guardian

Date

Printed Name

Relationship